Massachusetts Division of Health Care Finance and Policy 2 Boylston Street, Boston, MA 02116 Tel (617) 988-3100 FAX (617) 727-7662 TTY (617) 988-3175

FORM TO ADD NEW DHCFP-INET USERS

This form should be used to add new users to the Division of Health Care Finance and Policy's data reporting system, DHCFP-INET.

Vendor	Payment Number (VPN)		
Facility	Name		
Facility	Street Address		
Facility	City, State, Zip Code		
DHCFF	rize access to the user(s) below to submit data to the Division of P-INET system under the terms and conditions of the Non-Configed for the above facility.		
Owner,	Officer or Partner	Date	
Print Na	ame of Signer	Title of Signer	
1.	Authorized Signatory - An Electronic signature of a majority of submit the electronic HCF-1 Nursing Facility cost report.	owner, Officer or Partner is required to	
		User Agreement already submitted	, 🗆
2.	Preparers - If the HCF-1 cost report is prepared by someone of or partner, the preparer must be an authorized web user for yo of the persons or companies to be added as web submitters:	our facility. List the names	
		User Agreement already submitted	i \Box
		User Agreement already submitted	_i \Box
3.	Other Nursing Facility Cost Report -		
		User Agreement already submitted	_i \Box
		User Agreement already submitted	i \square
4.	Quarterly Nursing Home User Fee Report -		
		User Agreement already submitted	_i \Box
		User Agreement already submitted	_i
5.	Direct Care Add-on Worksheet -		
		User Agreement already submitted	_i \Box
		User Agreement already submitted	_i
NOTE:	Only one Non-Confidential Data Security Agreement must be Agreements must be submitted for each user listed above. If the		ser

facility, a list of the homes must be attached.

If a User Agreement has already been submitted for anyone listed above, check the appropriate box.